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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Written statement* submitted by Maarij Foundation for Peace and Development, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[17 February 2014]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Promoting healthcare systems development in the Middle East*

There is a firm belief that humanity is based on empathy and sympathy with others that are in adversity. Our NGO is dedicated to the promotion of human rights. Our determination binds us to seek underlying problems, provide solutions and most importantly, raise awareness. We believe that in building a community or developing a society, there are many aspects that are not limited to problems of infrastructure, and security etc. but it is about building a base of support and welfare that acts as a net for people to fall back on in times of hardship. On a basic level, human hardship is characterized by the loss of loved ones or having to endure poor health, illness or disease .

There are grave concerns over the subject of health in the Middle East. There are major issues that need to be dealt with; these include chronic diseases such as diabetes and obesity. The issues of health in the Middle East could be seen from Patients' rights perspective. Patient rights in healthcare delivery include: the right to privacy, information, life, and quality care, as well as freedom from discrimination, torture, and cruel, inhumane, or degrading treatment. These rights also encompass marginalized groups, such as migrants and persons who have been displaced, racial and ethnic minorities, women, and those living with HIV, are particularly vulnerable to violations of human rights .Therefore, to understand the factors that influence the healthcare systems of the Middle East, patients' rights will be analyzed and compared. The latter part of the document will advise on the solutions and reforms to be adopted by governments, institutions and organizations.

The costs of healthcare are a primary concern of all MENA countries and relevant stakeholders. The high youth population currently in the Middle East has dwarfed the issue of healthcare; nevertheless, it is a long term issue that needs to be invested in. In the not-so-distant future, there will be a demographic shift that would see the increase in elderly population and the consequent ill health. This assumption is backed by statistical analysis produced by the World Bank (2010, Para. 2) which asserts that "Impact of Epidemiological and Demographic Transition - from youth bulge to middle age bulge" is one of the key problems facing the MENA region. The World Bank confirms that the high youth population has kept the costs of health care down, "yet the current cohort of youths shows an increasing prevalence of health risk factors such as obesity, sedentary lifestyles and tobacco smoking. These conditions predispose them to chronic diseases that will manifest symptoms during their middle age years, consequently raising the demand for and cost of healthcare among this group. Another emerging problem is the rapid rise in road accidents as a major cause of deaths and disabilities, especially among the working age population." The lifestyle of the youth will impact on their future health problems and this will need major cooperation by all states to establish a joint campaign to glamorize, advertise and incentivize youths to be fit and healthy .

The World Bank produced a brief on the health issues facing the Middle East in 2010, pointing to "Rising costs and fiscal pressure "as one the key factors that affect healthcare. In the "... middle and high income countries in the region are expected to face a rapid increase in health spending in the medium-term. These are predicted as consequences of the increasing burden of chronic diseases and injuries (whose unit cost of care is higher on average than communicable diseases), the growing role of the private sector, and the rising expectations and demand for quality care from the population. This in turn will increase public pressure on Governments to expand health coverage, at a time when most countries face fiscal constraints due to high unemployment and relatively high tax rates. Additional fiscal space would need to be generated through internal structural reforms, including productivity gains and better social targeting of health subsidies."This suggests that there will be major infrastructural health system costs that will rise to the forefront of crisis in the Middle East. The financial planning and cooperation of Middle Eastern countries in the field of healthcare is therefore a target that should take high and low income states into account.

One of the key factors that affect the Middle East and other LEDCs is fulfilling their duties in funding the healthcare system. In terms of financing, the following topics are of primary concern: "elements of equitable financing; household ability to pay for health care; linking population health needs to health spending; role of the social health insurance system in guaranteeing equity; and identifying best practices to develop and implement a national social health insurance system,". This shows that the finance problems is not limited to the amount of capital spent on the healthcare but also allocation of resources, regulating health industry expenditure and the increasing financial burden on average households. There is a lack of information that lists the financial expenditure in the Middle East on healthcare.

Information on infrastructure (Hospitals, clinics, surgeries etc.), curative care, preventative care, palliative care, public health and the percentage of expenditure individual government's cover per patient is very limited .

The experience of Sudan in health insurance is one of the interventions humanity adopted by states in establishing the extent of national attention the social health of citizens , representing the health insurance system and an aspect of social security , and in light of this perspective , it is the principle of involving the resources of the state with the capacity of community representatives in the institutions and bodies civil to provide health care for all sectors , especially those that are offset by difficulties in providing the minimum of health care required to sustain life and contribute to development. This is what makes all the developing countries and developed implements community-based health insurance system - Social Health Insurance, which takes the base of the distribution of risk as widely as a community to prevail all the citizens of one state , taking advantage of the theory of large numbers , a style adopted by many countries today. In light of the rapid developments in health care services and the accompanying rise in the cost of providing the various segments of society , engineered a government of Sudan Health Insurance Act in 1994 as one of the processors economic solve the problem of treatment after failure of treatment experience economic , and despite the fact that health insurance may be confronted directly in his debut for the lock on the rganized sectors , but actively sought on the same vein for the inclusion of a number of social strata other , often avoiding health insurance schemes such as the World poor families and the families of martyrs , retirees, farmers, herders and students in order to provide a great deal of social justice between segments of society . This trend has motivated many of the supporting institutions for social work programs "such as Zakat "to take advantage of this system to ensure the number of vulnerable segments.

Recommendations:

-The problems in health care in the Middle East, should be resolved parallel with the issues of citizenship, and economic systems, and tax systems and regulatory bodies. The results indicate that the gap in health care expenditures between different governments vary widely in their group.

-There is a need to seize the chance that the health departments of Arab states could evolve regulatory powers to one institution made up of a number of organizations that specialize in specific healthcare specialism and guided by policies of the Arab League. Also, the viability of this idea is further strengthened by evolving more control to established entities; "Council of Arab Health Ministers" and its sub- NGO called "The Arab Board of Health Specializations" which already targets, with limitations, the improvement of health services in the Arab World. The role of these governmental organizations will be limited to the following factors: Public health policies, emergency reliefs, regulation, training, certification, strategic planning, advice, direct negotiations with the private sector, and reporting back to the Council of Arab Ministers. This is only a brief description of their role which could be investigated in more coherent study.

Finally, Maarij Foundation for Peace and Development (MFPD) calls on non-state actors such as NGOs, the WHO or the World Bank to be included in this process of healthcare development. It is essential to take on their trusted advice and work with them to instill a fair and efficient system. The advised institution to be established under the Arab League will deal with non-state actors directly, reducing bureaucracy and increasing efficiency. For example, the World Bank is providing support in the development of strategic plans for national health reforms, as well as specific technical and policy advice on: health insurance regulation; food, drug and medical device regulation; and accreditation and quality improvement systems on-state actors such as NGOs, the WHO or the World Bank need to be included in this process of healthcare development. It is essential to take on their trusted advice and work with them to instill a fair and efficient system. The advised institution to be established under the Arab League will deal with non-state actors directly, reducing bureaucracy and increasing efficiency. For example, the World Bank is providing support in the development of strategic plans for national health reforms, as well as specific technical and policy advice on: health insurance regulation; food, drug and medical device regulation; and accreditation and quality improvement systems.

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*The Global Network for Rights and Development (GNRD), an NGO without consultative status, also shares the views expressed in this statement.